

## Have you received a questionnaire from us to clarify your health insurance?

On the following pages, you will find a **translation guide.** Please answer the questions on the **form in German language** that you received by ground mail, and return it to us signed. This is **important** for your further insurance cover. Thank you very much.

## **Background information:**

If we receive a deregistration for social security for any member, we are legally obliged to clarify the further insurance coverage. New insurance cover can arise, for example, through a new employment subject to compulsory insurance, through the receipt of unemployment benefit or via the free family insurance.

If we do not receive a new registration and no other health insurance company informs us about a membership, the legislator provides for a so-called follow-up insurance for a gapless insurance cover. This insurance is subject to contributions. The amount of the contributions depends on the individual income.

Those who have no or little income only pay the statutory minimum contribution to health and long-term care insurance. If we do not receive the questionnaire back, we will have to charge the maximum premium in the follow-up insurance.

Your	r health insurance cover in the period from to	
Pleas	se tell us how you were insured from to	
Pleas	se tick the appropriate box and complete the questionnaire.	
My te	elephone number is XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
E-ma	ail address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
1. 🗆	Employee employed by company XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	☐ My earnings are <b>above</b> euros ☐ My earnings are <b>below</b> euros insured with health insurance company	